

UCAT

Ulster County Area Transit

Ulster County will review this claim and acknowledge receipt within 10 days and issue letters of finding to the Complainant and Respondent within 90 days from receipt of the complaint. UCAT will send progress reports every 30 days.

Date _____

Title VI Discrimination Complaint

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1. Name (Complainant):	2. Phone:	3. Home Address (street #, city,state,zip):
4. If applicable, name of person(s) who allegedly discriminated against you:		
5. Location and position of person(s) if known:		6. Date of alleged incident:
7. Discrimination because of: <div><input type="checkbox"/> Race <input type="checkbox"/> National origin <input type="checkbox"/> Sex is Male</div> <div><input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> Sex is Female</div> <div><input type="checkbox"/> Age <input type="checkbox"/> Retaliation <input type="checkbox"/> Creed / religion</div>		
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.		

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint.
(witnesses, fellow employees, supervisors, others):

Name:

Job Title:

Address:

Phone Number:

Signature:

Date: